

APPEAL FORM FOR ACADEMICALLY SUSPENDED STUDENTS

Name _____ ID: _____
Last First MI (UH Number)

Address _____
No./Street/Apt# City State Zip Code

Daytime Phone: _____ UH Email: _____@hawaii.edu

Circumstance for appeal (check one):

- Illness or Injury - which incapacitated the student and is certified by a physician (attach certification).
 Other extenuating circumstances (attach explanation).

COUNSELORS USE ONLY (Attach transcript)

Action: Re-Admit Deny – Reason: _____

Notes:

Agreed upon plan of action:

1) Number of courses and/or specific courses to be taken by student:

2) Assistance to be received by student from (labs, tutors, etc.):

3) Career exploration exercises:

4) Other agreements:

5) Next contact date: _____

Student's signature: _____ Date: _____

Appeals Counselor: _____ Monitoring Counselor: _____

